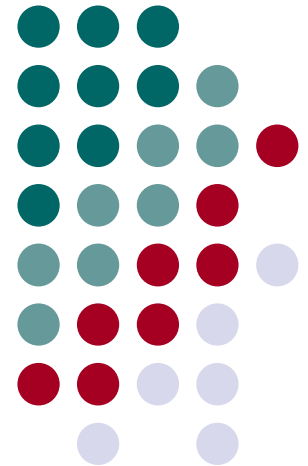


# Differentiated Models of Care: Adolescent Transition Clinics

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health

Department:  
Health  
**PROVINCE OF KWAZULU-NATAL**



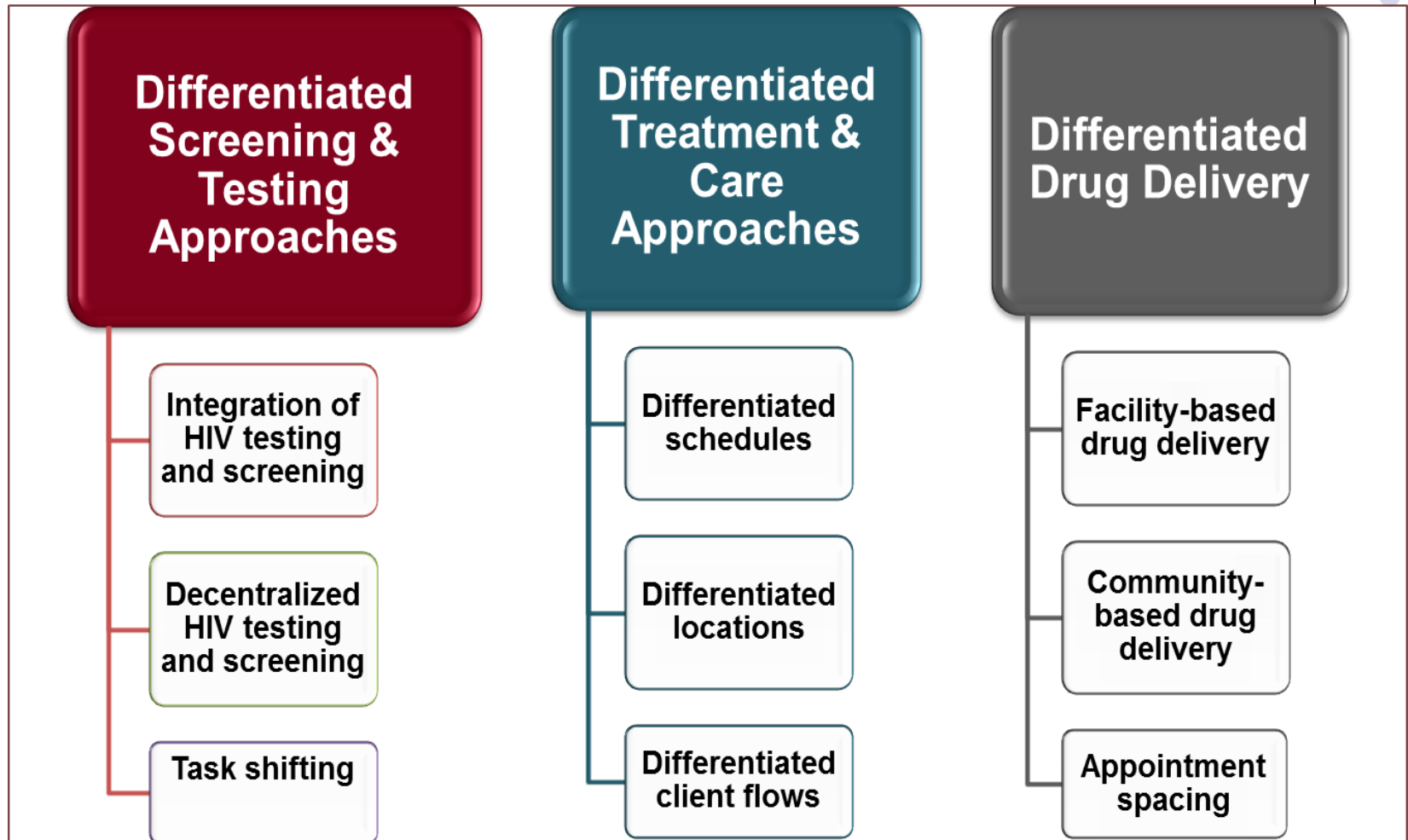
**MatCH**  
Maternal, Adolescent and Child Health Systems  
School of Public Health  
Faculty of Health Sciences  
University of the Witwatersrand

# Background



- ❑ The World Health Organization defines adolescents as individuals in the age group 10 – 19 years.
- ❑ > 2 million adolescents aged 10 – 19 years are living with HIV globally
  - ❑ >14,500 children under 15 years on ART in eThekweni district, KwaZulu-Natal.
- ❑ UN Post Millennium Development Goals Agenda 2015 emphasizes equity, empowerment and engagement of adolescents and youth and strengthening of data as core drivers of transformation in the next development agenda.

# Background cont'd



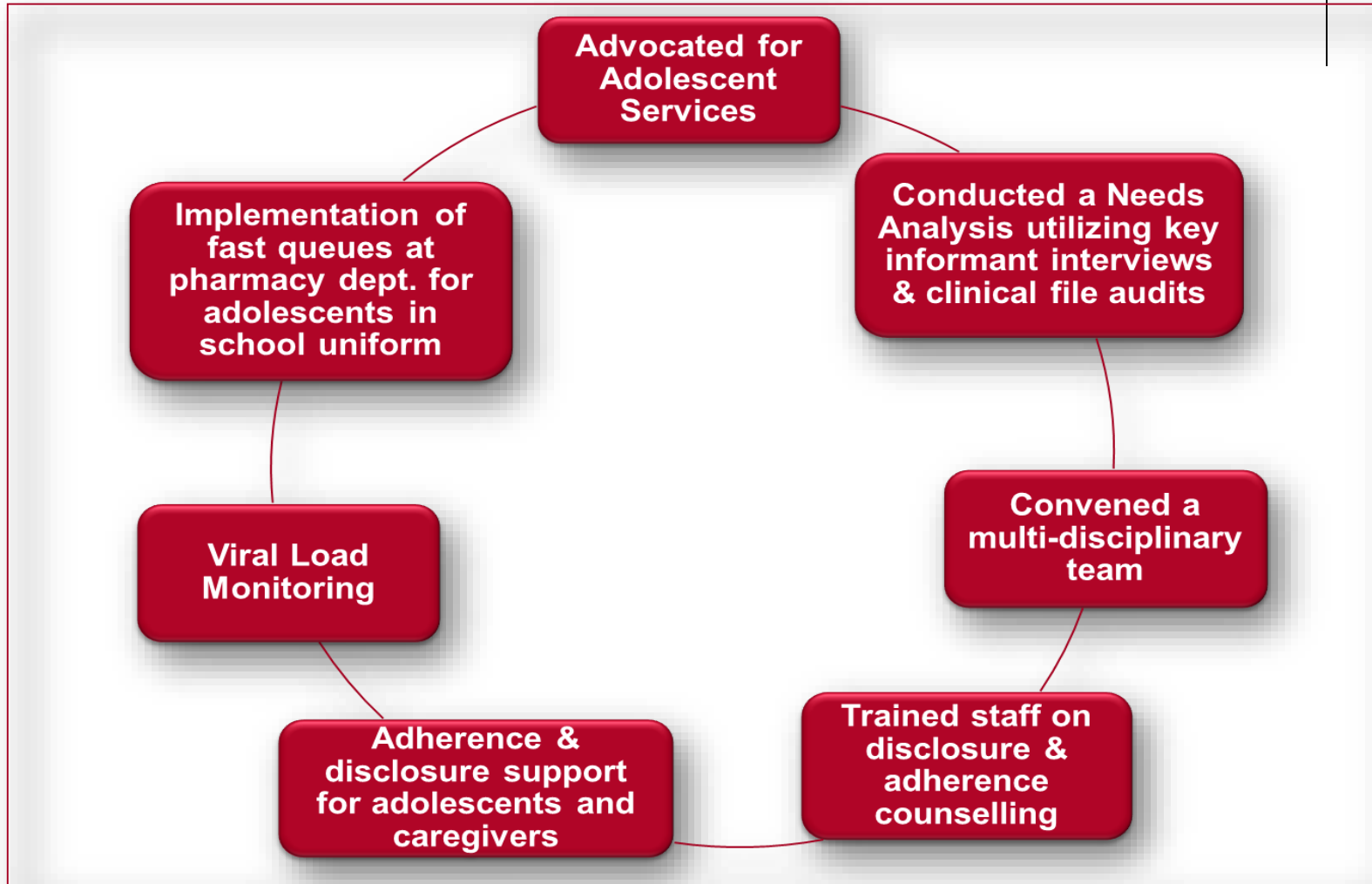
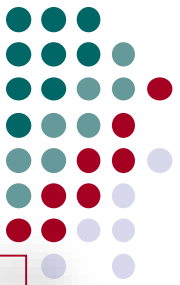
**Figure 1: Differentiated Models of Care for HIV**

# What did MatCH do?



- ❑ Collaborated with the district health office and health facilities to establish and promote sustainable Adolescent Transition Clinics:
  - ❑ To improve services for adolescents living with HIV (ALHIV);
  - ❑ To improve viral suppression and retention in care; and
  - ❑ To create adolescent youth friendly integrated service
- ❑ Setting for a pilot Adolescent Transition Clinic: Community health centre (CHC) with  $\pm$  810 adolescents living with HIV (ALHIV) remaining on ART

# What did MatCH do?



**Figure 2: Activities implemented by MatCH**

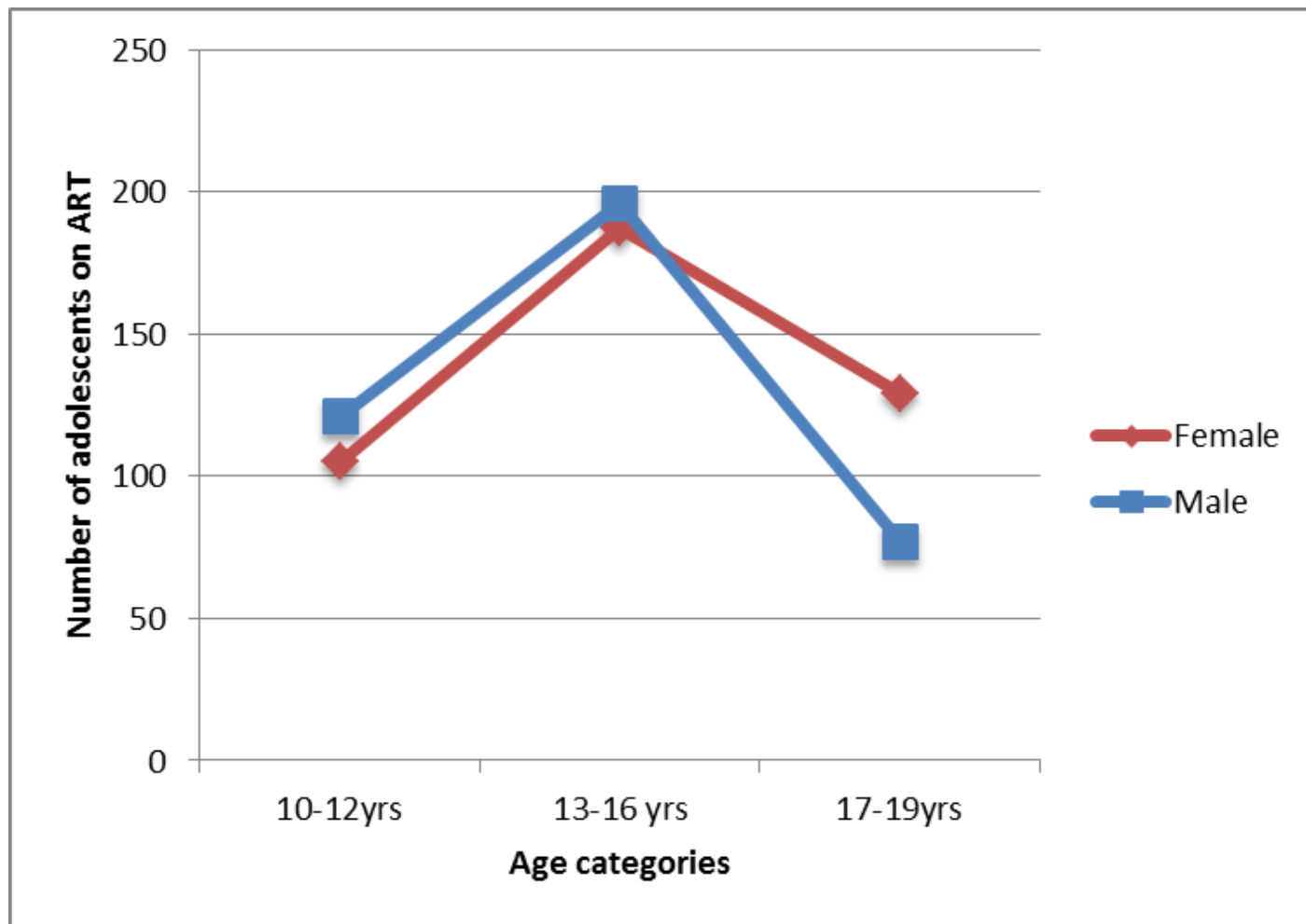
# Data methods



## Descriptive analysis:

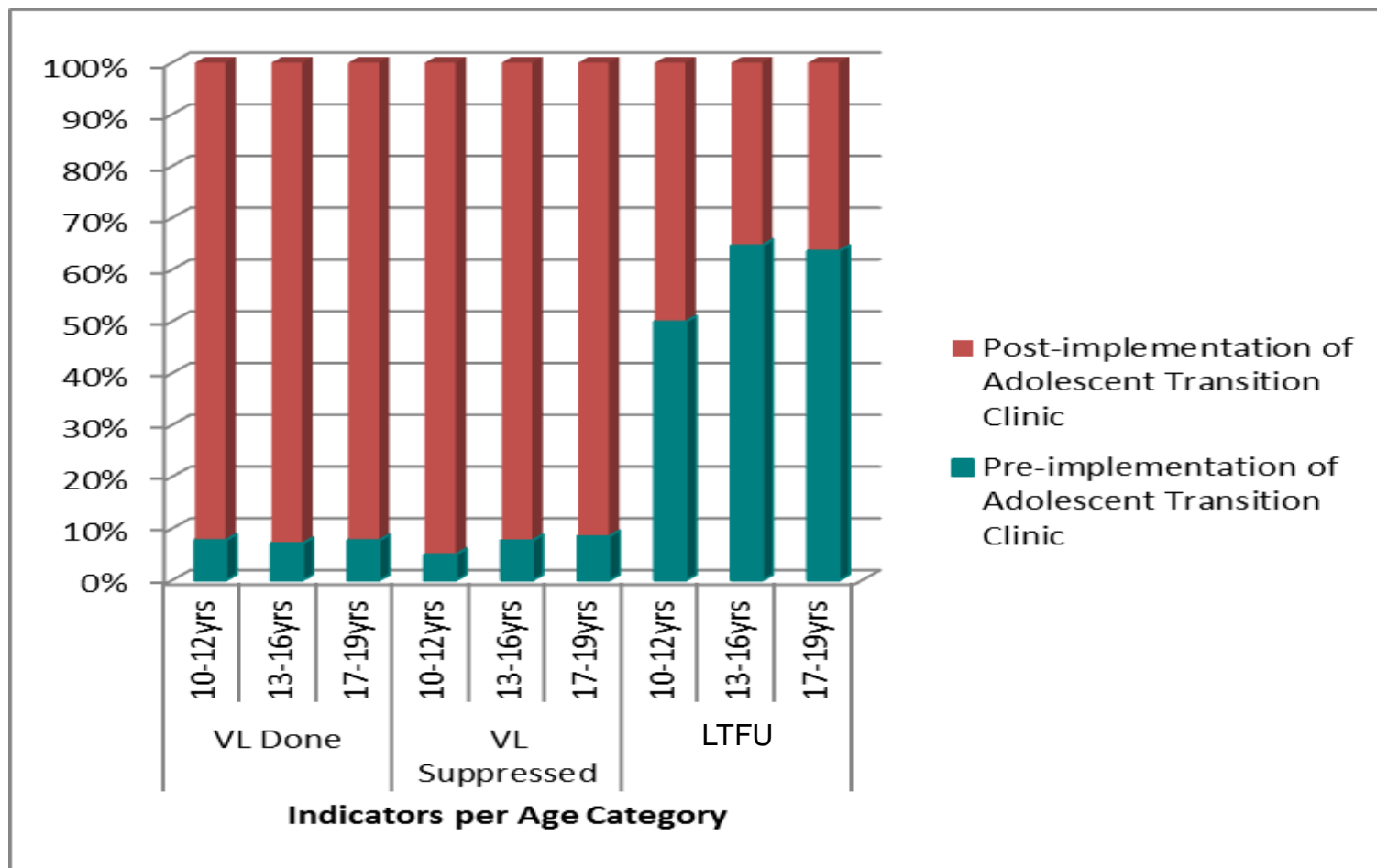
- ❑ Epidemiological HIV and AIDS data on the burden of disease and prevalence in adolescents at district and health-facility levels were derived from Tier.net
  - ❑ This data was dis-aggregated according to gender
- ❑ In addition, clinical files were reviewed for information on disclosure status and viral load monitoring

# Key results: Overall Performance



**Figure 3: Total adolescents remaining on ART at CHC, April 2016**

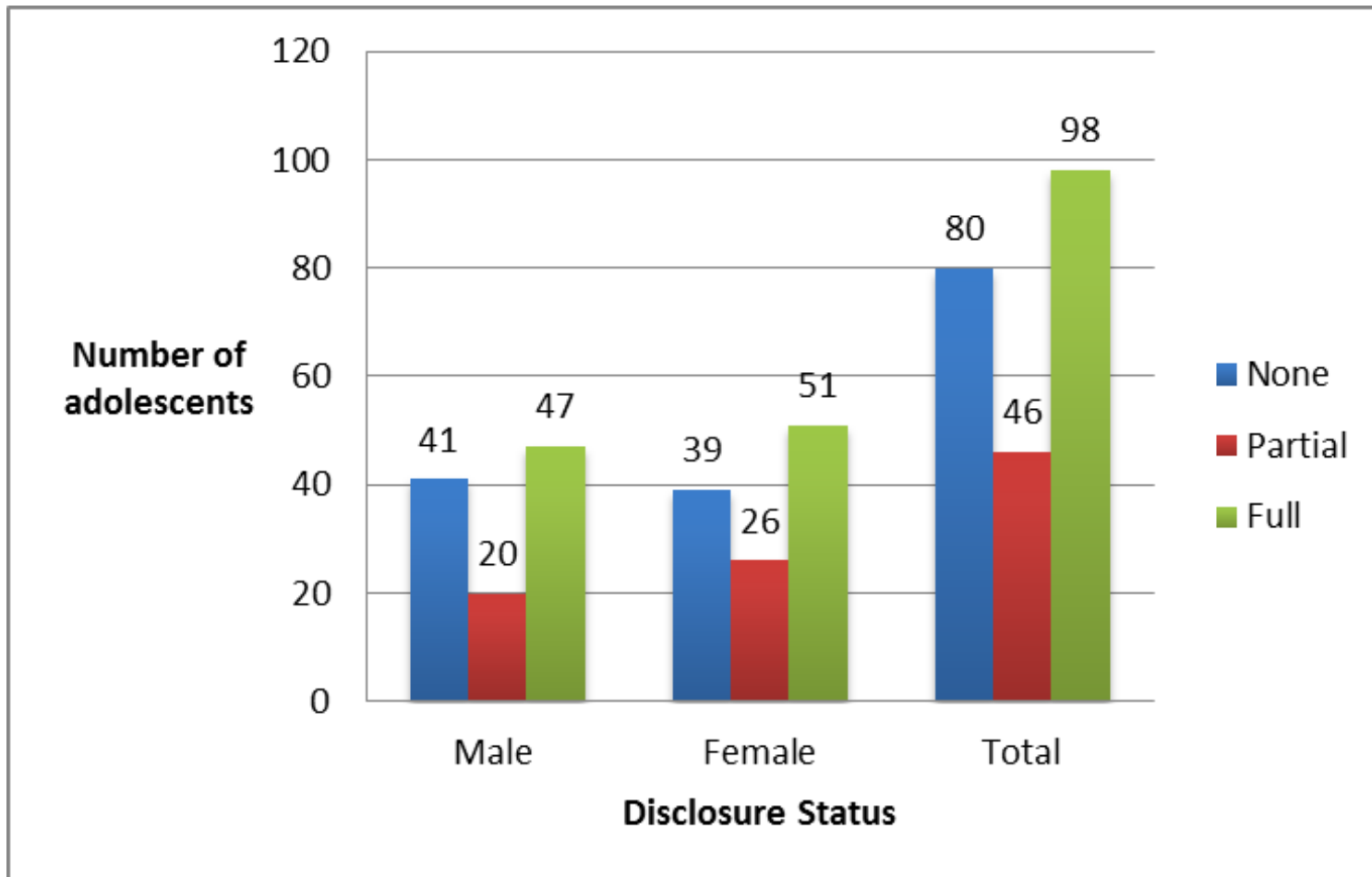
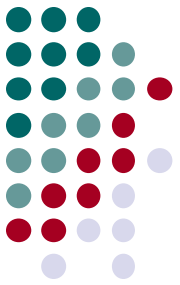
# Key results: VLS and LTFU



**Figure 4: Viral load suppression and lost to follow-up rates pre- and post-implementation of Adolescent Transition Clinic**



# Key results: Disclosure status



**Figure 5: Disclosure status of adolescents at first visit, 12 month review**

# Conclusions



- ❑ Health seeking behaviour decreases dramatically amongst males as they get older
  - ❑ Lowest TROA rates in 17 – 19 years category for males as compared to 10 – 12 years and 13 – 16 years categories
- ❑ TROA rates in the 17 – 19 years category is higher in females than males
  - ❑ Females experience much higher levels of HIV than their male counterparts after adolescence and throughout the early reproductive years in generalized epidemics
- ❑ Continuous psychosocial support including adherence and disclosure counselling has a positive impact on VL suppression

# Summary of Key Points



- ❑ Disaggregation of HIV care and treatment data for adolescents is not currently possible on DHIS because of the way it is collected.
  - ❑ Development of indicators that speak to adolescent age group (10 – 19 yrs)
  - ❑ Need for age-disaggregated data to monitor results and performance of program
    - ❑ To appreciate the prevalence of disease
    - ❑ To provide appropriate services that address this unique age group
- ❑ Psychosocial support is imperative
  - ❑ Support for ALHIV and HIV prevention among adolescents is particularly important given their evolving needs—socially, physiologically, and psychologically—as they transition from childhood through adolescence to adulthood.
  - ❑ Community support for OVCs
- ❑ Advocacy for quality adolescent care at all levels of healthcare

Thank you.

